APPLICATION DATA SHEET

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State or Province:: Postal or Zip Code::

Citizenship Country::

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Application Information

Title Line One::

PHOTOLYTIC ARTIFICIAL LUNG

Total Drawing Sheets::

Formal Drawings?::

Application Type::

Utility

10

Representative Information

The following have a power of Attorney or authorization of agent in this application:

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Continuity Information

This application is a:: > Application One::

Filing Date::

Prior Foreign Applications

Foreign Application One::

Filing Date:: Country::

Priority Claimed::

(Y or N)

Assignee Information

The Assignee of this application is to:

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